

## GRANTEE PERFORMANCE REPORT INSTRUCTIONS

Instructions: A Grantee Performance Report (GPR) is required for all General, Native American, Colonias, and Economic Development grants as well as all Revolving Loan Fund activities funded with program income. A Grantee Performance Report is **NOT required for Planning/Technical Assistance grants**, however, citizen participation requirements must still be met.

Prepare a separate GPR for each current open grant and each revolving loan fund operated with CDBG program income. The initial GPR covers the period from the contract effective date or RLF starting date to the following June 30. All subsequent GPRs cover the period July 1 to June 30. The final GPR covers the period from July 1 to the grant expiration or RLF closure.

Public Hearing: Prior to submitting your GPR(s), you must hold at least one noticed public hearing to report to the public your progress on CDBG activities. The hearing must be held prior to submission of the report and must allow interested parties to comment on your grant performance to date. The hearing does not need to be held before a governing body. Your public information file (see Chapter 7) must include the GPR, notice of the public hearing, list of attendees, minutes of the hearing, and any written comments received and your response.

Coversheet/Certification: Provide the general information requested, complete the checklist of contents, and have the individual authorized in the resolution sign the certification.

**Note:** Complete and submit one set of parts 2 through 8 of the GPR **for each contract activity** (e.g., community facilities, housing rehabilitation, business assistance.) Some parts of this report may not apply to an activity funded under the open grant or revolving loan fund (RLF). For these activities check the “not applicable” box on the “Coversheet/Certification” page. *(Do not complete the GPR for general administration or activity delivery activities. If you entered “not applicable” for any activities, it is not necessary to submit the sections not being reported on.)*

### **Part 1: Common Demographics**

- a. Contract Activity - Enter the activity type (e.g., Housing Rehabilitation, Community Facilities, Business Assistance, etc.)
- b. HUD Matrix Code – Enter the corresponding code to the activity. This can be found in the Standard Agreement.
- c. Activity Location – Enter the name of the city where the actual activity is taking place. If there is more than one location, identify all cities that apply.
- d. Zip Code – Enter the corresponding zip code for the “Activity Location(s).”
- e. Accomplishment - Choose the type of accomplishment that applies to this activity (e.g., Public Service = Persons, Housing Rehabilitation = Households, Business Assistance = Jobs, etc.)
- f. Proposed - Enter the proposed number of accomplishments for this activity for the term of the contract (e.g., Housing Rehabilitation = 5 households rehabbed, Business Assistance = 10 Jobs Created/Retained, etc.)

- g. Actual - Enter the actual number of accomplishments for this activity for the period covered by this report.
- h. Actual TIG - Enter the actual number of accomplishments benefiting TIG persons/households for the period covered by this report.
- i. Total to Date - Enter the actual number of accomplishments for this activity since the effective date of the grant.
- j. Total TIG to Date - Enter the actual number of accomplishments benefiting TIG persons/households since the effective date of the grant.
- k. Accomplishment Narrative - Enter a brief description of progress made in the activity during the period covered by this report (e.g., Construction of Senior Center underway, or environmental clearance obtained construction to begin within 30 days, etc.)

**Part 2: Activity Information**

- a. Contract Activity - Enter the activity type (e.g., Housing Rehabilitation, Community Facilities, Business Assistance, etc.)
- b. CDBG Displacement - Answer “yes” if any household, business, farm, or nonprofit organization moved permanently from real property as a direct result of rehabilitation, demolition, or acquisition of any CDBG-assisted activity.
- c. One for One Replacement - Answer “yes” if the activity being assisted results in the conversion or demolition of one or more dwelling units that must be replaced.
- d. Special Assessment - Answer “yes” if this is a public improvement activity for which a special assessment will be levied.
- e. Revolving Fund - Answer “yes” if the activity is funded from program income through a revolving fund with a set of accounts that are independent of other program accounts and were established to carry out specific activities that would generate payments to the fund to carry out the same activities.
- f. Public Service - Answer “yes” if this is a Public Service activity.
  - i. *Unliquidated Obligations* - Provide the dollar amount of public services expenditures that have been accrued during the report period, but funds have not yet been drawn.
- g. Contractors - Enter the value of all contracts awarded to contractors by category.

**Part 3: Area Benefit Information**

- a. Contract Activity - Enter the activity type (e.g., Housing Rehabilitation, Community Facilities, Business Assistance, etc.)
- b. Beneficiaries Counted by - Choose only one that corresponds with the accomplishment type chosen in the **Common Demographics** section at the beginning of this report.

### **Completing Beneficiary Chart**

Provide the number of beneficiaries broken out by renters and owners. If records are not maintained with this information, provide the information from a spot survey or an estimate of persons benefiting from the activity. If the activity is not housing related, enter the beneficiaries by ethnicity in the column titled "Non-Housing."

- c. Total TIG (Low/Mod) Beneficiaries - Total number of beneficiaries whose income does not exceed 80% of the median family income *including* those who are lowest income and very lowest income. (You will enter individual counts for these beneficiaries below.)
- d. Total LTIG (Lowest Income) Beneficiaries - Number of beneficiaries whose income exceeds 30%, but does not exceed 50% of the median family income.
- e. Total VLTIG (Very Lowest Income) Beneficiaries - Number of beneficiaries whose income does not exceed 30% of the median family income.
- f. Total Non-TIG Beneficiaries - Number of beneficiaries whose income exceeds 80% of the median family income.
- g. Total Beneficiaries Whose Cost-Burden Exceeds 50% - Number of beneficiaries who expend more than 50% of their gross monthly income on housing costs.
- h. Percentage of TIG (Low/Mod) in Service Area - Provide the percentage of the TIG (low and moderate-income) persons residing in the service area.
- i. How Was the Percentage of TIG (Low/Moderate Income) Persons Residing in the Area Determined - Indicate if the percentage was determined by a survey or census data.
  - i. *Census Tract* - If census data was used, provide the census tract number.
  - ii. *Block Group(s)* - If census data was used, provide the block group number(s) within the census tract provided above.

#### **Part 4: Beneficiary Information**

- a. Contract Activity - Enter the activity type (e.g., Housing Rehabilitation, Community Facilities, Business Assistance, etc.)

- b. Beneficiaries Counted by - Choose the one that best applies to the activity you are reporting on.
- c. Number of Beneficiaries by Ethnicity - Provide the number of beneficiaries by ethnicity broken out by renters and owners. If records are not maintained with this information, provide the information from a spot survey or an estimate of persons benefiting from the activity. If the activity is not housing related, enter the beneficiaries by ethnicity in the column titled "Non-Housing."

### **Categories of Ethnicity**

**Black, Non-Hispanic:**

Includes non-Hispanic persons who identified their race as "Black or Negro" or reported entries such as African American, Afro-American, Black Puerto Rican, Jamaican, Nigerian, West Indian, or Haitian.

**Hispanic:**

Person who identified themselves as "Mexican," "Puerto Rican," or "Cuban," as well as those who indicated that they were of other Spanish/Hispanic origin.

**White, Non-Hispanic:**

Includes persons who indicated their race as "White" or reported such entries as Canadian, German, Italian, Lebanese, Near Easterner, Arab, or Polish.

**American Indian/Alaska Native:**

Includes person who classified themselves as American Indian, Eskimo, or Aleut.

**Asian/Pacific Islander:**

Includes persons who reported they were Asian or Pacific Islanders or reported they were one of the groups comprising the Asian or Pacific Islander population.

- d. Renters - **HOUSING ACTIVITIES ONLY**
  - i. *Beneficiaries* - Indicate the number of beneficiaries who are renters assisted during the report period.
  - ii. *Expended* - Provide the dollar amount of CDBG funds expended to assist beneficiaries who are renters during the report period.
- e. Owners - **HOUSING ACTIVITIES ONLY**
  - i. *Beneficiaries* - Indicate the number of beneficiaries who are owners assisted during the report period.
  - ii. *Expended* - Provide the dollar amount of CDBG funds expended to assist beneficiaries who are owners during the report period.
- f. Number of Female-Headed Households - Provide the number of households, containing one or more individuals, benefiting from this activity where the primary income contributor is female.
- g. Number of Handicapped Beneficiaries - Provide the number of persons benefiting from this activity who have a physical or mental impairment that

substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

- h. Number of Homeless Beneficiaries – Provide the number of individuals or families benefiting from this activity that lack a fixed, regular, and adequate nighttime residence, or have a nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations, an institution that provides a temporary residence for individuals intended to be institutionalized, or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- i. Does the National Objective meet the Slum Blight Area's (SBA) Objective - Answer only if the activity addresses prevention or elimination of slums and blight in a designated area.
  - i. *Percent of Deteriorated Houses* - Indicate the percentage of houses in the designated area that are deteriorated.
  - ii. *SBA Designator Year* - Indicate the year the area was designated an SBA.
  - iii. *Public Improvement Type/Condition* - Briefly describe the condition of the SBA and how this activity will improve it.
  - iv. *Boundaries* - Provide the street names of the boundaries of the SBA.
- j. Presumed Benefit (Limited Clientele) - Answer “yes” if the activity is a Community Facility or Public Service activity designed to exclusively serve a category of persons presumed by HUD to be of TIG (low/moderate) income. (Presumed benefit groups are limited to: abused children, battered spouses, severely disabled adults, illiterate adults, persons living with AIDS, homeless, and migrant farm workers.)
  - i. *Is the National Objective met by the Activity's Nature/Location* - Answer “yes” if the activity is a Limited Clientele Nature/Location activity which would be considered TIG (low/moderate) as a result of the nature of the activity (e.g., health services for migrant farm workers) and the place it is being carried out.
  - ii. *Narrative Description* - Provide a brief description of how the nature/location of this activity benefits TIG (low/mod) persons.

**Part 5: Job Creation/Retention Information (For Economic Development Activities Only)**

- a. Contract Activity - Enter the activity type (e.g., Microenterprise Assistance, Business Assistance, etc.)
- b. CDBG Grant - Amount of assistance provided by CDBG for this activity in a form other than a direct or deferred loan.

- c. Expect to Create - The number of jobs expected to be created by the activity.
  - i. *Full Time* - Number of full-time jobs.
  - ii. *Full Time TIG (Low/Mod)* - Number of full-time jobs for TIG (low/moderate) income persons.
  - iii. *Part Time* - Number of part-time jobs that provide at least 875 hours of employment.
  - iv. *Part Time TIG (Low/Mod)* - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.
- d. Expect to Retain - The number of jobs expected to be retained by the activity.
  - i. *Full Time* - Number of full time jobs.
  - ii. *Full Time TIG (Low/Mod)* - Number of full-time jobs for TIG (low/moderate) income persons.
  - iii. *Part Time* - Number of part-time jobs that provide at least 875 hours of employment.
  - iv. *Part Time TIG (Low/Mod)* - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.
- e. Actually Created - The number of jobs actually created by the activity.
  - i. *Full Time* - Number of full time jobs.
  - ii. *Full Time TIG (Low/Mod)* - Number of full-time jobs for (low/moderate) income persons.
  - iii. *Part Time* - Number of part-time jobs that provide at least 875 hours of employment.
  - iv. *Part Time TIG (Low/Mod)* - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.
- f. Actually Retained - The number of jobs actually retained by the activity.
  - i. *Full Time* - Number of full time jobs.
  - ii. *Full Time TIG (Low/Mod)* - Number of full-time jobs for TIG (low/moderate) income persons.
  - iii. *Part Time* - Number of part-time jobs that provide at least 875 hours of employment.
  - iv. *Part Time TIG (Low/Mod)* - Number of part-time jobs that provide at least 875 hours of employment for TIG (low/moderate) income persons.

g. Businesses Assisted

- i. *New Businesses* – Number of new businesses expected to be assisted and actually assisted.
- ii. *Existing Businesses* – Number of existing businesses expected to be assisted and actually assisted.

**Part 6: Multi-Unit Information (*For Multi-Family Housing Unit Activities Only*)**

- a. Contract Activity - Enter the activity type (e.g., Housing Rehabilitation, New Construction)
- b. Units at Start of Project (Broken out by renters and owners)
  - i. *Total* - Total number of units at the start of the project.
  - ii. *Occupied* - Total number of units occupied at the start of the project.
  - iii. *Occupied TIG (Low/Mod)* - Total number of units occupied by TIG (low/mod) income persons at the start of the project.
- c. Units Expected at Completion (Broken out by renters and owners)
  - i. *Total* - Total number of units expected at the completion of the project.
  - ii. *Occupied* - Total number of units expected to be occupied at the completion of the project.
  - iii. *Occupied TIG (Low/Mod)* - Total number of units expected to be occupied by TIG (low/mod) income persons at the completion of the project.
- d. Actual Units at Completion (Broken out by renters and owners)
  - i. *Total* - Total number of actual units at the completion of the project.
  - ii. *Occupied* - Total number of actual units occupied at the completion of the project.
  - iii. *Occupied TIG (Low/Mod)* - Total number of actual units occupied by TIG (low/mod) income persons at the completion of the project.

**Part 7:**      **CDBG Displacement** - *Complete this section if any household, business, farm, or nonprofit organization moved permanently from real property as a direct result of rehabilitation, demolition, or acquisition of any CDBG-assisted activity. Note:* Complete one set for each census tract.

- a. Contract Activity - Enter the activity type.
- b. Census tract – List the census tract the entities are being displaced from.
- c. City – Name the city the entities are being displaced from.
- d. Number displaced - List the number of persons by ethnicity that are being displaced.
- e. Number remaining - List the number of persons by ethnicity that will remain (i.e., not displaced.)
- f. Number relocated - List the number of persons by ethnicity that were relocated following displacement.

**Part 8:**      **One for One Replacement** - *Answer “yes” if the activity being assisted results in the conversion or demolition of one or more dwelling units that must be replaced. Note:* Please complete one set for each address.

- a. Contract Activity - Enter the activity type.
- b. Demolished-Converted street address – Provide the street address of the structure where housing units were demolished or converted.
- c. Number of bedroom units – Indicate the number for each size unit demolished or converted (e.g., three 2-bedroom units and one 3-bedroom unit, etc.)
- d. Date agreement executed – For housing that is privately-owned, type the date the grant or loan agreement for CDBG assistance between the grantee and the person owning or controlling the property was executed. For housing that is owned by the grantee or subrecipient, type the date that the contract for demolition or conversion between the grantee or subrecipient and the contractor was executed.
- e. Replacement street address – Provide the street address of the replacement units for the demolished-converted housing.
- f. Number of bedroom units - Indicate the number for each size unit demolished or converted (e.g., three 2-bedroom units and one 3-bedroom unit, etc.)
- g. Available date – The date the replacement units will be available.

**Community Development Block Grant Program  
GRANTEE PERFORMANCE REPORT  
for period 7/1/\_\_\_\_ to 6/30/\_\_\_\_**

**Coversheet/Certification**

General Information:

Jurisdiction: \_\_\_\_\_ Annual or Final GPR

Grant # or RLF Name: \_\_\_\_\_ If grant, check type: \_\_\_G/NA \_\_\_ED

Address of Jurisdiction: \_\_\_\_\_

\_\_\_\_\_

Name of Preparer: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Checklist of Contents (include all parts applicable to your grant/RLF type):

|  | Activity 1 |     | Activity 2 |     | Activity 3 |     | Activity 4 |     |
|--|------------|-----|------------|-----|------------|-----|------------|-----|
|  | Inc.       | N/A | Inc.       | N/A | Inc.       | N/A | Inc.       | N/A |
| Coversheet/Certification                               |            |     |            |     |            |     |            |     |
| Part 1. Common Demographics                            |            |     |            |     |            |     |            |     |
| Part 2. Activity Information                           |            |     |            |     |            |     |            |     |
| Part 3. Area Benefit Information                       |            |     |            |     |            |     |            |     |
| Part 4. Beneficiary Information                        |            |     |            |     |            |     |            |     |
| Part 5. Job Creation Information ( <i>ED Only</i> )    |            |     |            |     |            |     |            |     |
| Part 6. Multi-Unit Information ( <i>Housing Only</i> ) |            |     |            |     |            |     |            |     |
| Part 7. CDBG Displacement Information                  |            |     |            |     |            |     |            |     |
| Part 8. One of One Replacement Information             |            |     |            |     |            |     |            |     |

Certification:

I have reviewed the enclosed data and certify that to the best of my knowledge these data are true and accurate and the supporting records will be maintained and are available for State review.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name and Title

Date: \_\_\_\_\_

Jurisdiction:\_\_\_\_\_

Grant No.\_\_\_\_\_

**Part 1. Common Demographics**

| Contract Activity | HUD Matrix Code | Activity Location | Zip Code | Accomplishment Type<br>(choose one) |                         |                         |                   | Proposed | Actual | Actual TIG | Total to Date | Total TIG to Date |
|-------------------|-----------------|-------------------|----------|-------------------------------------|-------------------------|-------------------------|-------------------|----------|--------|------------|---------------|-------------------|
|                   |                 |                   |          | Persons <sup>1</sup>                | Households <sup>2</sup> | Businesses <sup>3</sup> | Jobs <sup>4</sup> |          |        |            |               |                   |
| 1.                |                 |                   |          |                                     |                         |                         |                   |          |        |            |               |                   |
| 2.                |                 |                   |          |                                     |                         |                         |                   |          |        |            |               |                   |
| 3.                |                 |                   |          |                                     |                         |                         |                   |          |        |            |               |                   |
| 4.                |                 |                   |          |                                     |                         |                         |                   |          |        |            |               |                   |

**Accomplishment Narrative:**      *(significant changes, problems encountered, milestones met, etc.)*

Activity 1:\_\_\_\_\_

Activity 2:\_\_\_\_\_

Activity 3:\_\_\_\_\_

Activity 4:\_\_\_\_\_

<sup>1</sup> Choose persons if the activity is Community Facilities or Public Services.

<sup>2</sup> Choose households if the activity is Housing Rehabilitation, New Construction, Housing Acquisition, or Public Works.

<sup>3</sup> Choose businesses if the activity is Microenterprise Assistance.

<sup>4</sup> Choose jobs if the activity is Business Assistance or Business Infrastructure Assistance.

Jurisdiction: \_\_\_\_\_

Grant No. \_\_\_\_\_

**Part 2. Activity Information**

a. Contract Activity: \_\_\_\_\_

b. CDBG Displacement? ☐ Yes ☐ No

*If yes, please complete Part 7*

c. 1 for 1 Replacement? ☐ Yes ☐ No

*If yes, please complete Part 8*

d. Special Assessment? ☐ Yes ☐ No

e. Revolving Fund? ☐ Yes ☐ No

f. Is this activity "Public Service?" ☐ Yes ☐ No

*If yes, please provide the amount of unliquidated obligations:*

Unliquidated Obligations<sup>1</sup>: \$ \_\_\_\_\_

g. Contractors

| <b>Firm Owned Wholly Or In Substantial Part By:</b> | <b>Value Of Contract(s)</b> |
|---|-----------------------------|
| Minority Group Members                              | \$                          |
| Women   | \$                          |
| Other   | \$                          |

<sup>1</sup> Provide the dollar amount of public services expenditures that have been accrued during the reporting period, but funds have not yet been drawn or requested.

**Part 3. Area Benefit Information**a. Contract Activity: \_\_\_\_\_b. Beneficiaries counted by: ☐ People/Jobs ☐ Households

|   | Owners | Renters | Non-Housing |
|---|--------|---------|-------------|
| c. <u>Total TIG (Low/Mod) Beneficiaries:</u> ( $\leq 80\%$ ) <sup>1</sup> |        |         |             |
| d. <u>Total LTIG (Lowest Income) Beneficiaries:</u> (31-50%)              |        |         |             |
| e. <u>Total VLTIG (Very Lowest Income) Beneficiaries:</u> ( $\leq 30\%$ ) |        |         |             |
| f. <u>Total Non-TIG Beneficiaries:</u> ( $> 80\%$ )                       |        |         |             |
| g. <u>Total Beneficiaries Whose Cost-Burden Exceeds 50%<sup>2</sup>:</u>  |        |         |             |
| h. <u>Percentage of TIG (Low/Mod) in service area:</u>                    |        |         |             |

g. How was the percentage of TIG (low/moderate income) persons residing in the area determined?☐ Survey **or** ☐ Census Tract*If census tract, please provide following information:*

|                    |                      |       |       |       |       |
|--------------------|----------------------|-------|-------|-------|-------|
| Census Tract _____ | Block Group(s) _____ | _____ | _____ | _____ | _____ |
| Census Tract _____ | Block Group(s) _____ | _____ | _____ | _____ | _____ |
| Census Tract _____ | Block Group(s) _____ | _____ | _____ | _____ | _____ |
| Census Tract _____ | Block Group(s) _____ | _____ | _____ | _____ | _____ |
| Census Tract _____ | Block Group(s) _____ | _____ | _____ | _____ | _____ |

<sup>1</sup> Median Family Income<sup>2</sup> Number of beneficiaries who expend more than 50% of their gross monthly income on housing costs.

**Part 4. Beneficiary Information**a. Contract Activity: \_\_\_\_\_b. Beneficiaries counted by: ☐ People/Jobs ☐ Householdsc. Number of beneficiaries by ethnicity:

| <b>Ethnicity</b>              | <b>Renter</b> | <b>Owner</b> | <b>Non-Housing</b> |
|-------------------------------|---------------|--------------|--------------------|
| Black/Non-Hispanic            |               |              |                    |
| Hispanic                      |               |              |                    |
| White/Non-Hispanic            |               |              |                    |
| American Indian/Alaska Native |               |              |                    |
| Asian/Pacific Islander        |               |              |                    |
| <b>TOTAL</b>                  |               |              |                    |

|                                | <b>Beneficiaries</b> | <b>Expended</b> |
|--------------------------------|----------------------|-----------------|
| d. <u>Renters</u> <sup>1</sup> |                      | \$              |
| e. <u>Owners</u> <sup>2</sup>  |                      | \$              |

|   | <b>Renter</b> | <b>Owner</b> | <b>Non-Housing</b> |
|---|---------------|--------------|--------------------|
| f. <u>Number of Female-Headed Households</u> :  |               |              |                    |
| g. <u>Number of handicapped beneficiaries</u> : |               |              |                    |

h. Number of Homeless Beneficiaries \_\_\_\_\_ Individuals \_\_\_\_\_ Familiesi<sup>3</sup>. Does the National Objective meet the Slum Blight Area's Objective? ☐ Yes ☐ No ☐ N/A*If yes, please provide the following information:*

Percent of deteriorated houses \_\_\_\_\_% SBA designator year \_\_\_\_\_

Public Improvement Type/Condition: \_\_\_\_\_

Boundaries: \_\_\_\_\_

j. Presumed benefit? (Limited Clientele) ☐ Yes ☐ No*If you answered no, please provide the following information:*Is the national objective met by the activity's nature/location? ☐ Yes ☐ No ☐ N/A*If yes, please type a narrative description of how the nature/location of this activity benefits TIG (low/mod persons):*  
\_\_\_\_\_<sup>1</sup> The number of beneficiaries must match the total from the renter column in Table C (above)<sup>2</sup> The number of beneficiaries must match the total from the owner column in Table C (above)<sup>3</sup> Pertains only to Program Income and Economic Development activities.

Jurisdiction: \_\_\_\_\_

Grant No. \_\_\_\_\_

## Part 5. Job Creation Information

a. Contract Activity: \_\_\_\_\_

b. CDBG Grant: \$ \_\_\_\_\_

|                             | Total Job Count |                    |                             |                                 |
|-----------------------------|-----------------|--------------------|-----------------------------|---------------------------------|
|                             | Full Time Jobs  | Full Time TIG Jobs | Part Time Jobs <sup>1</sup> | Part Time TIG Jobs <sup>2</sup> |
| c. <u>Expect to create</u>  |                 |                    |                             |                                 |
| d. <u>Expect to retain</u>  |                 |                    |                             |                                 |
| e. <u>Actually created</u>  |                 |                    |                             |                                 |
| f. <u>Actually retained</u> |                 |                    |                             |                                 |

g. Businesses Assisted:

|                          | New Businesses | Existing Businesses |
|--------------------------|----------------|---------------------|
| <u>Expect to Assist</u>  |                |                     |
| <u>Actually Assisted</u> |                |                     |

## Part 6. Multi-Unit Information

a. Contract Activity: \_\_\_\_\_

|  | Total   |        | Occupied |        | Occupied TIG (Low/Mod) |        |
|--|---------|--------|----------|--------|------------------------|--------|
|  | Renters | Owners | Renters  | Owners | Renters                | Owners |
| b. <u>Units at start of project</u>    |         |        |          |        |                        |        |
| c. <u>Units Expected at completion</u> |         |        |          |        |                        |        |
| d. <u>Actual units at completion</u>   |         |        |          |        |                        |        |

<sup>1</sup> Provides at least 875 work hours.

<sup>2</sup> Provides at least 875 work hours to TIG individuals.

Jurisdiction: \_\_\_\_\_

Grant No. \_\_\_\_\_

## Part 7. CDBG Displacement

a. Contract Activity: \_\_\_\_\_

b. Census Tract: \_\_\_\_\_

c. City: \_\_\_\_\_

|                            | White/<br>Non-<br>Hispanic |                | Black/<br>Non-<br>Hispanic |   | Hispanic |   | Asian/Pacific<br>Islander |   | American<br>Indian/<br>Alaska<br>Native |   |
|----------------------------|----------------------------|----------------|----------------------------|---|----------|---|---------------------------|---|---|---|
|                            | R <sup>1</sup>             | O <sup>2</sup> | R                          | O | R        | O | R                         | O | R                                       | O |
| d. <u>Number displaced</u> |                            |                |                            |   |          |   |                           |   |   |   |
| e. <u>Number remaining</u> |                            |                |                            |   |          |   |                           |   |   |   |
| f. <u>Number relocated</u> |                            |                |                            |   |          |   |                           |   |   |   |

## Part 8. One for One Replacement

a. Contract Activity: \_\_\_\_\_

b. Demolished-Converted street address: \_\_\_\_\_

c. Number of bedroom units:      0/1      2      3      4      5  
\_\_\_\_\_

d. Date agreement executed:      \_\_\_\_/\_\_\_\_/\_\_\_\_

e. Replacement street address: \_\_\_\_\_

f. Number of bedroom units:      0/1      2      3      4      5  
\_\_\_\_\_

g. Available date:      \_\_\_\_/\_\_\_\_/\_\_\_\_

<sup>1</sup> Renter

<sup>2</sup> Owner